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Bib Data Sheet

CONFIRMATION NO. 1690

<b>SERIAL NUMBER</b> 09/781,132	<b>FILING DATE</b> 02/09/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 07473-033
<b>APPLICANTS</b> Lawrence M. Sherman, Westport, CT; <i>MS</i>				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/181,649 02/10/2000 <i>MS</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/16/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>MS</i> Verified and Acknowledged <i>MS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Carol H. Peters Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. <i>MS</i> One Financial Center Boston, MA 02111				
<b>TITLE</b> System and method for simultaneous multiple death life insurance <i>MS</i>				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	